

PART B - FEE(S) TRANSMITTAL

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37902 7590 05/23/2006

WRIGHT MEDICAL TECHNOLOGY, INC.
 5677 AIRLINE ROAD
 ARLINGTON, TN 38002-9501

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Patricia Powell</i>	(Depositor's name)
<i>Patricia Powell</i>	(Signature)
08/01/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,800	10/21/2003	Stephen B. Murphy	702.154	6665

TITLE OF INVENTION: TISSUE PRESERVING AND MINIMALLY INVASIVE HIP REPLACEMENT SURGICAL PROCEDURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/23/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWEET, THOMAS	3738	128-898000 08/02/2006 TBESHAH2 00000061 502795 10691800

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wright Medical Technology, Inc

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Arlington TN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502795 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Shawn D. Seay

Date

August 1, 2006

Typed or printed name

Shawn D. Seay

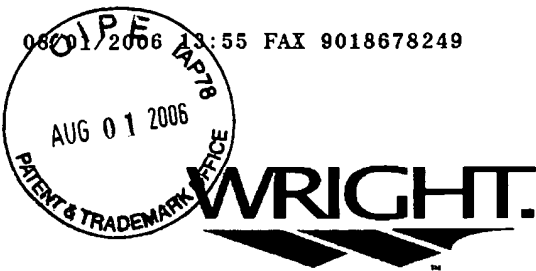
Registration No.

08299

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FAX COVER SHEET

Wright Medical Technology, Inc.
5677 Airline Road Arlington, TN 38002-9501
www.wmt.com

Date:	August 1, 2006		
To:	Commissioner for Patents	Fax:	(571) 273-2885
From:	Patricia Powell	Fax:	(901) 867-4398
Number of pages including cover sheet:	3	Phone:	(901) 867-4542

Certificate of Transmission

In Re. Application of:

Stephen B. Murphy

Application No.: 10/691,800

Filed: 10/21/2003

For:

Tissue Preserving and Minimally Invasive Hip
Replacement Surgical Procedure

To:

Mail Stop Issue Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Art Unit: 3738

Our Ref.: 702.154

Examiner: Thomas Sweet

I hereby certify that the following correspondence is being facsimile transmitted to the Patent and Trademark Office on this 1st day of August, 2006:

Part B - Fee Transmittal Form - 2 pages

By: 
Patricia Powell

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